

COUNTY OF LOS ANGELES
PROBATION DEPARTMENT

DIRECTIVE

No.: 1458

Issued: 6/9/2021

Post Until: 7/9/2021

**SUBJECT: PRISON RAPE ELIMINATION ACT (PREA) - SCREENING
FOR RISK OF SEXUAL VICTIMIZATION AND
ABUSIVENESS – JUVENILE FACILITIES**

The purpose of this Directive is to set forth departmental policy regarding screening for risk of sexual victimization and abusiveness requirements mandated by the federal Prison Rape Elimination Act (PREA), Board of State and Community Corrections (BSCC) Title 15, and as part of the Probation Department's (Department) policies to prevent, detect, and respond to incidents of sexual assault, sexual abuse, and sexual harassment of youth housed in the department's juvenile facilities (Juvenile Halls, Camps, and Dorothy Kirby Center).

Legal Basis

Federal PREA of 2003: PREA is a federal law established to prevent, detect, and respond to sexual abuse and sexual harassment in correctional systems. PREA applies to all federal and state prisons, jails, police lockups, community confinement, and juvenile facilities; BSCC Title 15 Minimum Standards for Juvenile Facilities, section 1350.5. Screening for the Risk of Sexual Abuse.

I. PREA Risk of Sexual Victimization and Abusiveness Screening Tool

A. PREA Risk of Sexual Victimization and Abusiveness Screening and Probation Electronic Medical Records System (PEMRS)

The PREA Risk of Sexual Victimization and Abusiveness Screening tool (Attachment A) has been created within PEMRS. The tool has been designed to ascertain information through conversations with the youth during the admittance process, medical and behavioral health screenings; during classification assessments; and by reviewing court records, case files, facility behavioral records, and other relevant documentation from the youth's files¹. Probation personnel shall, at a minimum, utilize the PREA Risk of Sexual Victimization and Abusiveness Screening tool to evaluate a youth on the following information:

1. Prior sexual victimization or abusiveness.
2. Any gender nonconforming appearance or manner or identification as lesbian, gay, bisexual, transgender, or intersex, and whether the youth may therefore be vulnerable to sexual abuse.

¹ PREA Juvenile Facility Standards § 115.341(d); BSCC Juvenile Title 15 Minimum Standards § 1350.5

3. Current charges and offense history.
4. Age.
5. Level of emotional and cognitive development.
6. Physical size and stature.
7. Mental illness or mental disabilities.
8. Intellectual or developmental disabilities.
9. Physical disabilities.
10. The youth's own perception of vulnerability.
11. Any other specific information about individual youth that may indicate heightened needs for supervision, additional safety precautions, or separation from certain other youth².

The PEMRS PREA Risk of Sexual Victimization and Abusiveness Screening tool process has been established to enhance controls on the dissemination within the facility of responses to questions asked pursuant to PREA and Title 15 mandates. Integration of the tool into the PEMRS ensures that sensitive information is not exploited to the youth's detriment by staff or other youth³. The outcomes produced from this tool yield general classification codes to ensure that the most appropriate safeguards are implemented to maximize the safety and security of youth within Probation Department custody.

The PREA Risk of Sexual Victimization and Abusiveness Screening tool has been developed as an objective screening instrument⁴. Based on the answers provided, the tool has been designed to automatically calculate the following risk of victimization and abusiveness classification codes:

1. General Supervision (GS)- At the time of the selected screening and through the information provided, youth require no additional specialized supervision requirements.
2. Vulnerable to Victimization (VV)- At the time of the selected screening and through the information provided, youth have a moderate to high potential of becoming victimized.

² PREA Juvenile Facility Standards § 115.341(c); BSCC Juvenile Title 15 Minimum Standards § 1350.5(a-k)

³ PREA Juvenile Facility Standards § 115.341(e); BSCC Juvenile Title 15 Minimum Standards § 1350.5

⁴ PREA Juvenile Facility Standards § 115.341(b)

3. Sexually Aggressive Behavior (SAB)- At the time of the selected screening and through the information provided, youth have a moderate to high potential of exhibiting predatory behaviors.

**Note: Classifications codes can change for each screening tool completed. Youth can also be classified as two codes (i.e. VV, SAB, or VV/SAB).*

As part of the Departments continuous quality improvement processes, the PREA Risk of Sexual Victimization and Abusiveness Screening tool shall be re-evaluated annually to ensure fidelity.

B. Screenings⁵

The PREA Risk of Sexual Victimization and Abusiveness Screening tool shall be required to be completed periodically throughout a youth's custody. The required screening and rescreening occurrences are as follows:

1. *Initial Intake Screenings (Juvenile Halls):*
Within 72 hours of youth's arrival at any of the Departments' juvenile halls, youth shall be screened using the PEMRS Initial Intake Screening form, which includes subsection: *PREA Risk for Sexual Victimization*.
2. *Camp Intake Screenings (Camp Headquarters):*
During the Camp intake screening process, youth shall be screened using the PEMRS AdHoc Charting Powerform for Probation, subsection: *PREA Risk for Sexual Victimization*.
3. *Camp Rescreening (Camps and Dorothy Kirby Center):*
Within 72 hours of youth's arrival at any of the Departments' juvenile camps and Dorothy Kirby Center, youth shall be screened using the PEMRS AdHoc Charting Powerform for Probation, subsection: *PREA Risk for Sexual Victimization*.
4. *As Needed Screenings:*
The PREA Risk of Sexual Victimization and Abusiveness Screening tool shall be completed after each substantiated incident of sexual assault/abuse for both youthful victims and perpetrators. *As Needed Screenings* shall also be required upon any additional reported information to Probation personnel, obtained during medical and/or mental health screenings or in any other manner during or post admissions process. The *As Needed Screenings* shall be completed utilizing the PEMRS AdHoc Charting Powerform for Probation, subsection: *PREA Risk for Sexual Victimization*.

⁵ PREA Juvenile Facility Standards § 115.341(a); BSCC Juvenile Title 15 Minimum Standards § 1350.5

II. Referrals / Notifications:

1. If a youth reaches a score equal to or above 15, youth shall be deemed Vulnerable to Victimization (VV), Department personnel shall complete and submit a mental health referral.
2. If a youth is classified as Sexually Aggressive Behavior (SAB) - moderate to high potential of exhibiting predatory behaviors - Department personnel shall complete and submit a mental health referral.
3. If a youth indicates that they have experienced prior Vulnerable to Victimization (VV) or perpetrated sexual abuse/assault Sexually Aggressive Behavior (SAB), whether in an institutional setting or in the community, as Mandated Reporters, Department personnel have an affirmative duty to complete required notifications and file all required documentation pursuant with the Departments most current *Child Abuse Reporting* policies, submit a mental health referral, and/or notify medical personnel.

III. Classification and Housing Requirements

If upon completion of the PREA Risk of Sexual Victimization and Abusiveness Screening tool, a youth is identified with a classification code of Vulnerable to Victimization (VV) and/or Sexually Aggressive Behavior (SAB), the youth shall be placed on Specialized Supervision status in accordance to most current Departmental policies regarding Specialized Supervision Requirements (Detention Services Bureau Manual Section 1408 and Residential Treatment Services Bureau Manual Section 1202). In accordance with such policies, Department personnel shall take precautionary measures, such as distancing room and/or bed assignments, when there are Vulnerable to Victimization (VV) and/or Sexually Aggressive Behavior (SAB) youth housed in the same unit/dorm.

If separation is deemed necessary for the safety of the youth, the youth may be separated from others by being placed on administrative separation status. Separated youth shall be afforded daily large-muscle exercise and any legally required educational programming or special education services. Youth shall have access to other programs and work opportunities to the extent possible. Youth shall also receive visits by medical or mental health practitioners daily⁶. Documentation for youth who are placed on administrative separation status shall include the facility's concern for the youth's safety and the reason why no alternative means of separation can be provided⁷. Youth placed on administrative separation status shall be reviewed every 30 days to determine whether there is a continuing need for separation from the general population⁸.

⁶ PREA Juvenile Facility Standards § 115.342(b)



⁷ PREA Juvenile Facility Standards § 115.342(h)

⁸ PREA Juvenile Facility Standards § 115.342(i)

IV. Training

Designated personnel shall receive PEMRS training per the requirements established by the Staff Training Office (STO) and the Information Systems Bureau (ISB). STO shall maintain appropriate training records for all completed trainings. Juvenile Institutions Operations shall work with ISB to ensure that designated personnel have access to the PEMRS system to complete required system tasks. Juvenile Institutions Operations shall also ensure that the appropriate number of personnel are trained at each facility to ensure compliance with screening mandates.

If you have any questions regarding this Directive, please contact the Departmental PREA Coordinator at (562) 522-0962.

	
Luis Dominguez, Deputy Director Compliance and Strategic Planning	Dalila Alcantara, Deputy Director Juvenile Institutions

PREA Risk for Sexual Victimization and Abusiveness Screening	
STAFF MUST READ: The following questions are being asked in accordance to federal mandates established by Title 15 and PREA. Any response provided is acceptable, normal and healthy. You have the right to answer or refuse any questions in the screening tool. Your responses will only be reviewed by designated personnel.	
Screening Type:	<input checked="" type="radio"/> Initial Screening <input type="radio"/> As needed <input type="radio"/> Camp Intake <input type="radio"/> Camp Rescreening
Sexual Orientation, Gender Identity, Gender Expression (Sogie) Data	
1. Which gender do you identify with (Choose one):	
<input type="radio"/> Male (Matches Birth Certificate) <input type="radio"/> Male (Different from Birth Certificate) <input type="radio"/> Female (Matches Birth Certificate) <input type="radio"/> Female (Different from Birth Certificate) <input type="radio"/> Transgender (if your gender is different now than at birth) <input type="radio"/> Genderqueer (if you don't identify with being either male or female) <input type="radio"/> Decline to answer <input type="radio"/> Other	
2. Do you have an Intersex condition (If you were born with a mix or variation of male or female anatomy)?	
<input type="radio"/> Yes <input type="radio"/> No <input type="radio"/> Decline to answer	
3. Which do you identify as (Choose one):	
<input type="radio"/> Heterosexual/straight (meaning you are attracted to people of the opposite gender) <input type="radio"/> Gay, lesbian, bisexual, pansexual (attracted to all sexes and genders) <input type="radio"/> Queer (attraction to many genders) <input type="radio"/> Asexual (meaning you are not attracted to any sex or gender) <input type="radio"/> Questioning (meaning you are not sure who you are attracted to) <input type="radio"/> Decline to answer	

History / Risk Factors

4. Is this the first time you have been in a juvenile hall or camp?

☐ Yes ☐ No ☐ Decline to answer

5. Do you feel that you are at risk of being bullied, attacked, or abused by other youth?

☐ Yes ☐ No ☐ Decline to answer

If "Yes" Document youths concerns in Mental Health referrals, Specialized Supervision Plan, or additional PCMS case note (if necessary).

6. Have you ever pressured someone else to perform sexual acts against their will?

☐ Yes ☐ No ☐ Decline to answer

7. Have you ever had a sexual experience that you were not comfortable with or did not want to have?

(examples: groping, kissing, genital/private part touching, oral sex, penetration against your will)?

☐ Yes ☐ No ☐ Decline to answer

8. If yes: Did this take place at a juvenile hall or juvenile camp?

☐ Yes ☐ No ☐ Decline to answer

9. Are there any Youth in this facility that you should be separated from?

☐ Yes ☐ No ☐ Decline to answer

If "Yes" Document Youths Name(s) in Specialized Supervision Plan or additional PCMS case note (if necessary).

10. Are there any other reasons why you would be concerned for your safety while you are in this facility?

☐ Yes ☐ No ☐ Declined to answer

If "Yes" Document Youths Name(s) in Specialized Supervision Plan or additional PCMS case note (if necessary).

Medical and Mental Health Factors

11. Do you have a mental health illness, disability, disorder and/or diagnosis? (e.g. Post-traumatic stress, bipolar disorder, etc.)

☐ Yes ☐ No ☐ Decline to answer

12. Do you have a physical disability?

☐ Yes ☐ No ☐ Decline to answer

13. Do you have a Neurodevelopmental Disorder? (e.g. Attention Deficit Disorder, Autism)

☐ Yes ☐ No ☐ Decline to answer

Staff Observation and Youth History - For Probation Only

14. Is the youths criminal history exclusively non-violent?

☐ Yes ☐ No

15. Do you think other residents will perceive this youth to be gender non-conforming? (meaning their appearance does not conform to typical expressions of male or female)?

☐ Yes ☐ No

16. Do you think other residents will perceive this youth to be gay, lesbian, or bisexual?

☐ Yes ☐ No

17. Does the youth have a visible disability (e.g. using a mobility device or has one hand), or visible scarring or injury?

☐ Yes ☐ No

18. Is the youth small in stature?

☐ Yes ☐ No

19. Is the youth deaf or have a hearing impairment?

☐ Yes ☐ No

20. Does the youth appear to have a cognitive disability (e.g., difficulty understanding questions and/or following conversation) or look or behave in ways typical of a much younger child (e.g. emotionally immature)?

☐ Yes ☐ No

21. Does the youth have adjudications for a sexual offense against an adult or child?

☐ Yes ☐ No

22. During the completion of this tool was any information provided that would warrant the youth be referred to a Specialized Supervision Plan?

☐ Yes ☐ No

If "Yes" Document concerns in SSP initiation request/referral.

Attachment A

☐ **The following resources were reviewed to assist in the completion of this screening (All are required):**

PCMS/JAI/PEDMS/CCHRS: Some or all systems were accessed to review current charges and offense history
Youths Behavior Chart/File
Information received from a Medical and/or Mental Health Screening

Risk Score of Vicimization (VV):

If the total VV score is 15 or higher, enter the classification code as VV (Vulnerable to Victimization).

If the total VV score is 14 or lower, enter the classification code as GS (general supervision).

Classification Code(s):

☐ SAB (Sexually Aggressive Behavior)

☐ VV (Vulnerable to Victimization)

☐ GS (general supervision)

Notifications Made

☐ Mental Health Referral

☐ Medical Notification

Submit a Mental Health Referral if:

- o Youth is classified as SAB (Sexually Aggressive Behavior) under the Classification Code section
- o Youth answered "Yes" to questions #9 and/or #11.
- o The Risk Score of Victimization is equal to or above 15